



CLERMONT COUNTY

HMO PLAN

DESCRIPTION OF BENEFITS

Individual Maximum per Calendar
year.....\$1,000

\$50 Annual Individual Deductible
\$150 Annual Family Deductible
on Basic and Major Benefits only

Percentage Paid by Dental Care Plus

Preventive Benefits.....100%

Basic Benefits.....80%

Major Benefits.....50%

Orthodontics.....Not Covered

A complete description of benefits, limitations,
and exclusions are available in the Individual
Certificate. Members must receive services
from a Dental Care Plus dentist.

PER PAY DEDUCTIONS (24)

SINGLE - \$13.28

FAMILY - \$36.50